

Name
in
Full

William Leslie Armstrong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at: <i>Hagerstown</i> Town		<i>Wash.</i> County		MARYLAND	
Date of death	1908	Month	July	Day	23
Age	Years		Months		Days
Sex	<i>male</i>		Color or Race	<i>white</i>	
Birth-place	<i>Md.</i>				
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		
Father's Name	<i>Wm L. Armstrong</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Alice Fisher</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Wm L. Armstrong</i>			How related to deceased	<i>father.</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enteric Colitis</i>	How long	<i>7 days</i>
Immediate	<i>Convulsions</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Shes. Quast</i>	
		Address	
		<i>Hagerstown</i>	
		<i>Md</i>	
Accident or Suicide?			

2804

Name
In
Full

Still born child of Wm - Bessie Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Blue Ridge Summit</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>July</u> ^{Month}	<u>2nd</u> ^{Day}	Age <u>Still born</u> ^{Years}	<u>7th</u> ^{Months}	<u></u> ^{Days}
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Blue Ridge Summit</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>William B. Baldwin</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>Bessie Saunders Taylor</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>P. Trustall Taylor M.D.</u>			How related to deceased <u>1st Cousin</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Placental separation</u>	How long <u>12 hrs</u>
Immediate <u>Asphyxia</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. Trustall Taylor M.D.</u>
	Address <u>Blue Ridge Summit</u> <u>MD</u>
Accident or Suicide?	



Name
in
Full

Eliza Benner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Years		Months	
1908		July		19		29	
Sex		Color or Race		Birth-place			
Female		White		Sharpsburg, Md			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		John Benner, Dec'd.					
Father's Name		Father's Birthplace					
Charles Porter		Ellicott, Md					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Lopp		Sharpsburg, Md					
Name of person giving information		How related to deceased					
Mrs. Fannie Sprong		Daughter					

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary	Cerebral Softening ✓	How long	Several hrs.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. L. Barnett,
yes		Address	Sharpsburg, Md.
Accident or Suicide?			

Chas. S. Wade
Undertaker

Name
in
Full

Mary Jane Biser

CERTIFICATE OF DEATH

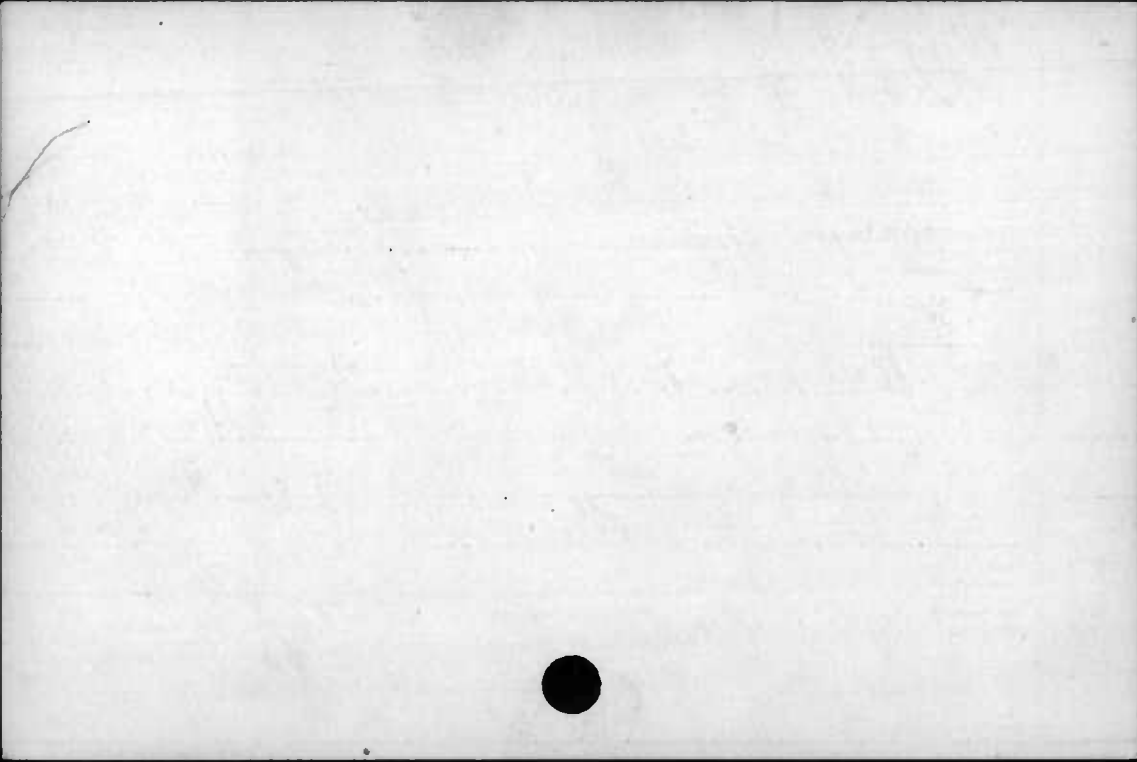
Died at <i>Keadysville</i> ^{Town}		<i>Washington</i> ^{County}		<i>State</i> ^{State}	
Date of death <i>1908</i> ^{Year}		<i>7</i> ^{Month}	<i>24</i> ^{Day}	<i>63</i> ^{Years}	<i>22</i> ^{Months}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ford Co</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Keadysville Md</i>				
Married, Single or Widowed	Name of Wife or Husband <i>George W Biser</i>				
Father's Name <i>Johnathan Kuller</i>	Father's Birthplace <i>Ford Co</i>				
Mother's Maiden Name <i>Rebecca Dyer</i>	Mother's Birthplace <i>Ford Co</i>				
Name of person giving information <i>George W Biser</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Renal Insufficiency</i>	How long <i>15 years</i>
Immediate <i>Apoplexy</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. M. K. Hise</i>
	Address <i>Keadysville Md</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name Mary Bowers Town McCrays Ferry County Washington

Died at McCrays Ferry Washington MD

Date of death 1908 July 12 Age 2 Months 20 Days

Sex Female Color or Race White Birth-place MD

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Harry Bowers Father's Birthplace MD

Mother's Maiden Name Ella Lee Butt Mother's Birthplace WVa

Name of person giving information Harry Bowers How related to deceased Father

CAUSES OF DEATH

71

Primary _____ How long _____

Immediate Eclampsia How long 1 hr

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician C. J. Mason

Address Clearspring

Accident or Suicide? No MD

24



Name
in
Full

Virgie L. Bayer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

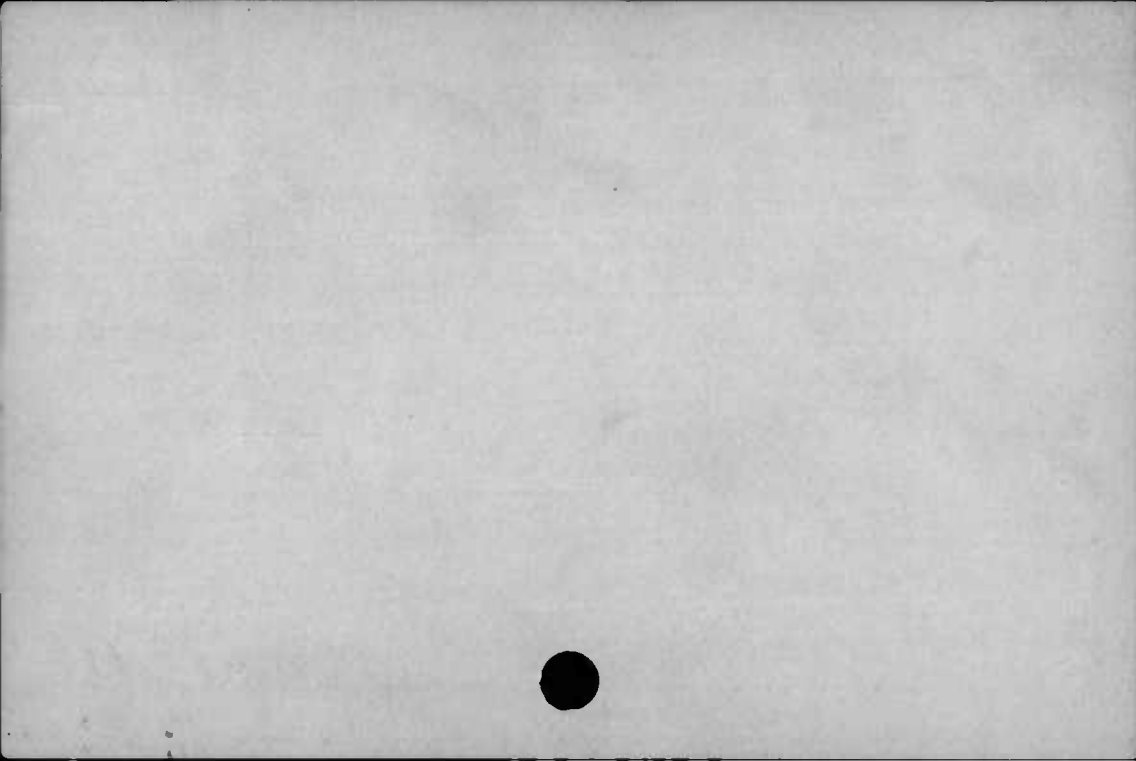
Died at		Town Hagerman		County Marshall		MARYLAND	
Date of death	1908	Month July	Day 25	Age Years	0	Months	1
Sex	Female		Color or Race	White		Birth- place	Marshall Co. Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Thos. J. Bayer			Father's Birthplace	
Mother's Maiden Name			Ellen Elizabeth Morrison			Mother's Birthplace	
Name of person giving In formation			J. M. Bayer			How related to deceased	
						Daughter	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Ileus - colitis	How long	3 weeks.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		H. M. Phillips	
		Address	
		Harpers Ferry	
		W. Va.	
Accident or Suicide?			



Name
in
Full

James E. Charlton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chalkon Farm</i>		^{County} <i>Washington Co</i>		MARYLAND	
Date of death	^{Month} <i>July</i>	^{Day} <i>5</i>	^{Years} <i>83</i>	^{Months} <i>—</i>	^{Days} <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Williamsport</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thomas Charlton Dec'd</i>				
Father's Name <i>Jonathan Heister</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Elizabeth Nickel</i>	Mother's Birthplace <i>Williamsport</i>				
Name of person giving information <i>Adam Charlton</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>—</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. D. T. Lesher</i>
	Address <i>Williamsport Md</i>
Accident or Suicide? <i>Natural cause</i>	

J. F. Krebs.

Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Jane Cramer</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>7</i>		Day <i>27</i>		Years <i>31</i>	
Date of death <i>1908</i>		Months <i>2</i>		Days <i>29</i>		Age <i>31</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David Cramer</i>					
Father's Name <i>John Cardell</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Lydia Logan</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>David Cramer</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>acute Peritonitis</i>		unable to as- certain cause-		How long <i>4 day</i>	
Immediate <i>Toxæmia.</i>				How long <i>4 "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Victor Duillen Jr.</i>			
		Address <i>Hagerstown, Md</i>			
Accident or Suicide? <i>No</i>					

W
2811-7-28

Name
in
Full

Helem B. Davis.

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age <i>63</i> <small>Years</small>	<i>6</i> <small>Months</small> <i>4</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>North East, N.Y.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife <i>J. V. Davis</i> <small>Husband</small>				
Father's Name <i>Wm Winchell</i>	Father's Birthplace <i>North East, N.Y.</i>		Mother's Birthplace <i>Millerton N.Y.</i>		
Mother's Maiden Name <i>Laura E. Lawrence</i>	Name of person giving Information <i>J. V. Davis</i>		How related to deceased <i>Husband.</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>Several years</i>
Immediate <i>Hemiplegia</i>	How long <i>Several months days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Garrett.</i>
Address 	<i>Sharpsburg, Md.</i>
Accident or Suicide? <i>No</i>	

Chas. S. Wade
undertaker

Name
in
Full

Harry G. Delauney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Sharpburg		Washington		MARYLAND	
Date of death	1908	Month	July	Day	1	Age	17
Sex	Male	Color or Race	White	Birth-place	Sharpburg, Md.		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	James Delauney				Father's Birthplace		
Mother's Maiden Name	Delany Morse				Mother's Birthplace		
Name of person giving information	Mrs. Jas. Delauney				How related to deceased		
				Mother			

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Intestinal Tuberculosis	How long	About 1 yr.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. M. Garrett.	
Address		Sharpburg, Md.	
Accident or Suicide?			

Chas. S. Wade
Undertaker

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Unnamed Child of W. H. Dixon* Town *Hagerstown* County *Washington* MARYLAND
 Died at *Hagerstown* Date of death *1908* Month *7* Day *14* Age *—* Years *—* Months *—* Days *—*
 Sex *Female* Color or Race *White* Birth-place *Md.*
 Occupation *—* Where Residing if not at place of death *—*
 Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *W. H. Dixon* Father's Birthplace *Md.*
 Mother's Maiden Name *Bessie Lynn* Mother's Birthplace *Md.*
 Name of person giving information *W. H. Dixon* How related to deceased *Father*

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary *Congenital Heart Disease* How long *1/2 of hours*
 Immediate *V* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Victor Druehl*
 Address *Stag. Md.*
 Accident or Suicide? *no*

W
2792

Name
in
Full

Martin Van. Hubal

CERTIFICATE OF DEATH

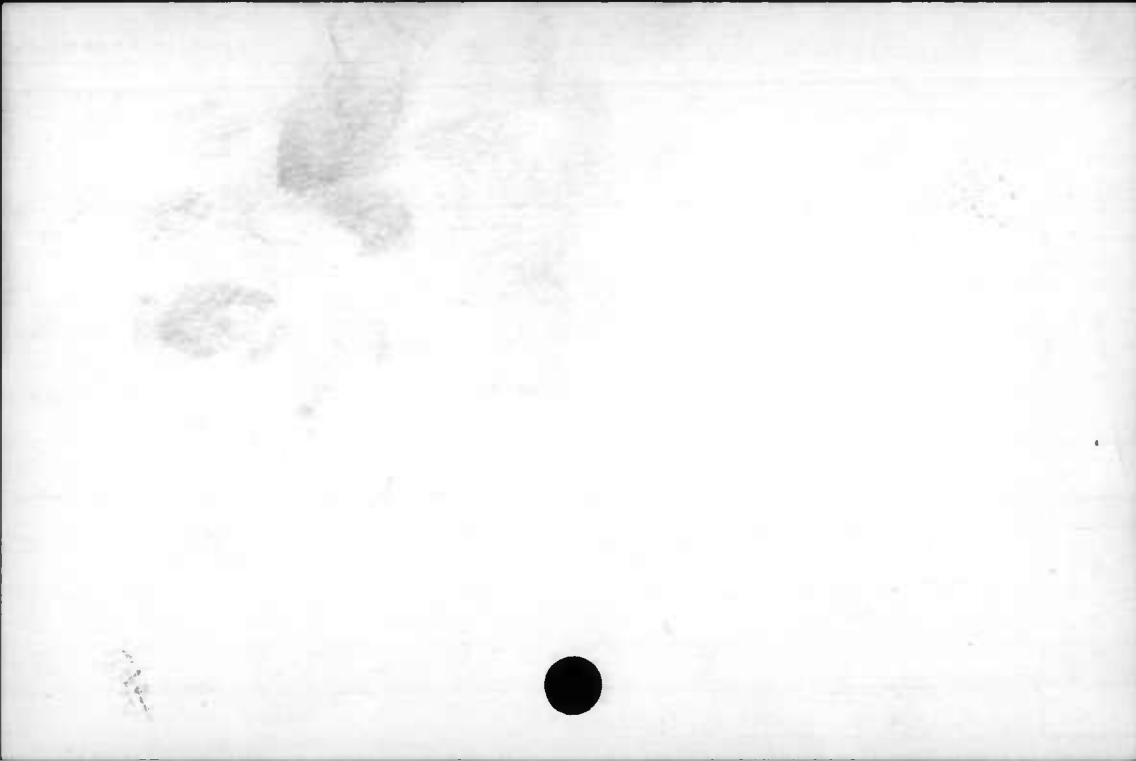
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	23	Age	82.		
Sex	Male	Color or Race	White	Birth-place	Wash. Co.		
Occupation	Laborer			Where Residing if not at place of death	Sheppsburg.		
Married, Single or Widowed	Single		Name of Wife or Husband	No			
Father's Name	Not know			Father's Birthplace	Not know		
Mother's Maiden Name	''			Mother's Birthplace	''		
Name of person giving Information	Supt. Sol. Summer			How related to deceased	68		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentia	How long	year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	L. M. West -
		Address	Stagnum -
Accident or Suicide			



Name
in
Full.

Michael S Eshleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

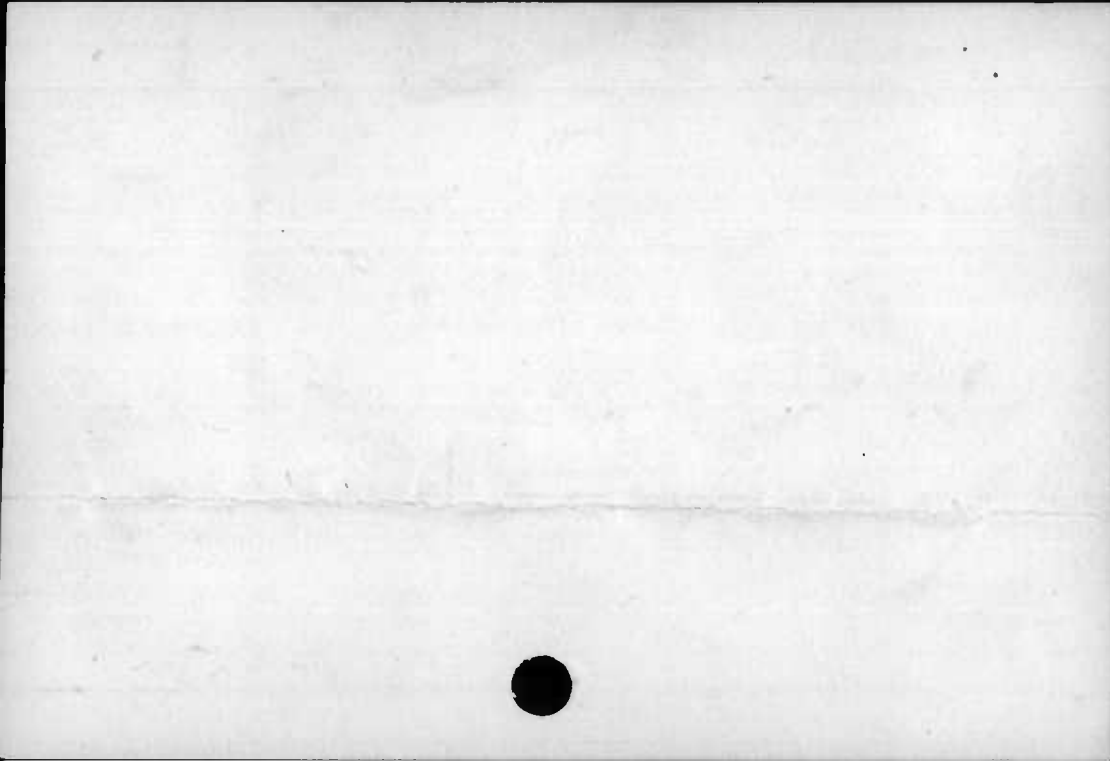
Died at		Reid		Town		Washington		County		MARYLAND	
Date		1908		July		22		Age		9 Months 21 Days	
Sex		Male		Color or Race		White		Birth-place		Reid Md	
Occupation						Where Residing if not at place of death					
Married, Single or Widowed						Name of Wife or Husband					
Father's Name						Michael H Eshleman					
Mother's Maiden Name						Amanda L Strite					
Name of person giving information						Michael Eshleman					
Father's Birthplace						Reid Md					
Mother's Birthplace						Leitersburg					
How related to deceased						Father					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary		Acute Indigestion		How long		one week	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address			
				J. H. Wishard			
				Leitersburg			
Accident or Suicide?							



Name in Full		Bellmont Fearnow				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Tanner Farm Washington		MARYLAND	
		Date of death		1908 July 13		Age 10 Years 11 Months 11 Days	
		Sex		Male		Color or Race	
		Occupation				Birth-place	
						Where Residing if not at place of death	
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Wm C. Fearnow		Father's Birthplace Morgan Co W Va	
		Mother's Maiden Name		Ida Miller		Mother's Birthplace "	
		Name of person giving information		Wm C Fearnow		How related to deceased Father	
				CAUSES OF DEATH		105	
PHYSICIAN OR CORONER		Primary		Iles Colitis		How long 10 days	
		Immediate		Exhaustion		How long 2 days	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Ernest H. Frauthe	
						Address Williamport Md	
				Accident or Suicide?			

J. F. Kreps
Undertaker
Williamsport
Ind.

Name
in
Full

Henry Frobirds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Sharpsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	<i>7</i> <small>Month</small>	<i>10</i> <small>Day</small>	<i>83</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Penna</i>
Occupation	<i>Sison Gruder</i>		Where Residing if not at place of death <i>Unknown</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Unknown</i>		
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Dr E M Sarrott</i>			How related to deceased	<i>No Relation</i>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>
Signature of Physician	<i>E. M. Sarrott</i>
Address	<i>Sharpsburg, Md.</i>
Accident or Suicide?	

Chas. S. Wadsworth

Undertaker
Per D.



Name
in
Full

Unnamed child, of Jno. Fry

CERTIFICATE OF DEATH

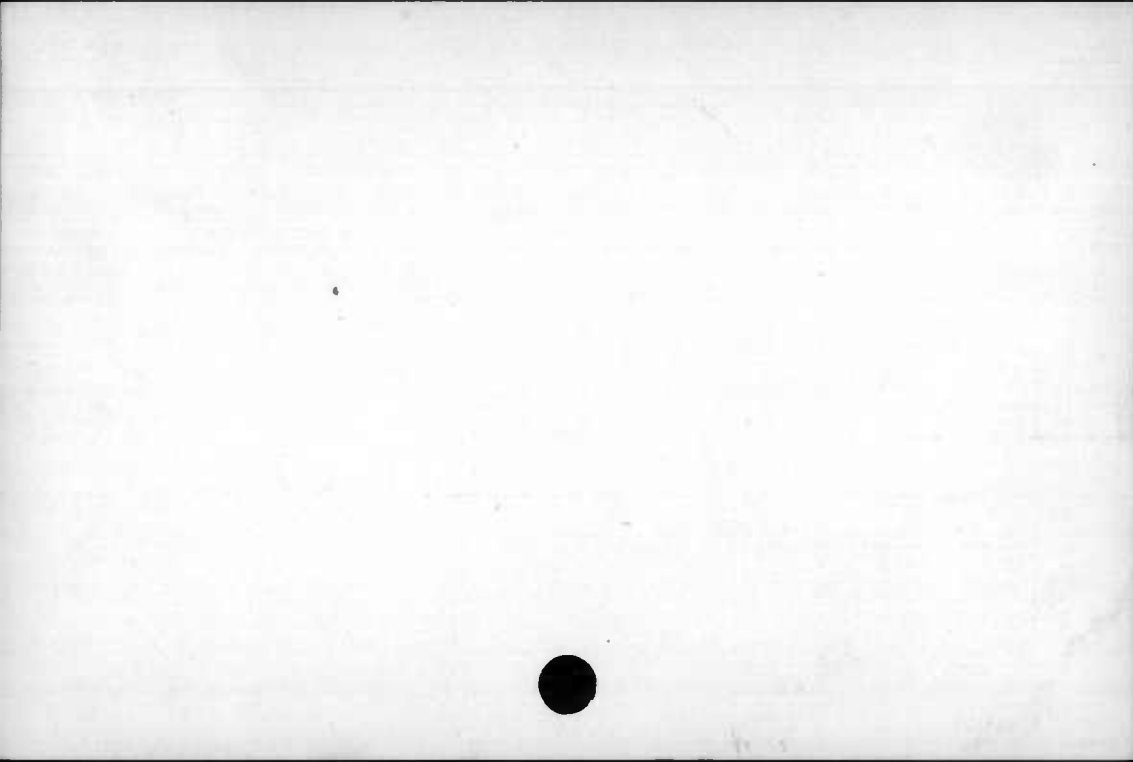
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Waguerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1908	Month	July	Day	23
Sex	female	Color or Race	white	Age	Stillborn
Occupation			Birth-place	Waguerstown	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
John F. Fry			Maryland		
Mother's Maiden Name			Mother's Birthplace		
Estelle K. Dougherty			Maryland		
Name of person giving information			How related to deceased		
John F. Fry			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Stillborn</u>	How long	(S)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	O. W. Dugan Waguerstown, Md.
Accident or Suicide?		Address	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hagerstown*

Town

County

Date

of death *1908*

Month

7

Day

4

Age

Years

—

Months

3

Days

—

Sex

*Female*Color or
Race*white*Birth-
place*md*

Occupation

*Child*Where Residing if not
at place of death*—*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Harry Hoyer*Father's
Birthplace*md*Mother's
Maiden Name*Hertie B. Stauffer*Mother's
Birthplace*md*Name of person giving
Information*Harry Hoyer*How related
to deceased*Father*

CAUSES OF DEATH

8

Primary

Pyrexia

How long

2 mos.

Immediate

Exhaustion

How long

*—*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*M. B. Morrow*

Address

Hagerstown md.

Accident or Suicide?

*no*PHYSICIAN
OR CORONER



Name
in
Full

William H. Hartz.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death	1908	Month	7	Day	25
Age	60	Years	6	Months	7
Sex	male	Color or Race	white	Birth-place	Penn.
Occupation	Saloon-keeper		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Ella Hartz.		
Father's Name	John Hartz		Father's Birthplace	Penn.	
Mother's Maiden Name	Ellen Snyder		Mother's Birthplace	Penn.	
Name of person giving information	Ella Hartz		How related to deceased	wife	

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<i>Hepatic Coma</i>	How long	<i>2 yrs.</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M. J. Moon</i>
	<i>no</i>	Address	<i>Hagerstown Md</i>
Accident or Suicide?	<i>no</i>		

5
Z-809-7-27

PHYSICIAN
OR CORONER

Mary C. Hebb

CERTIFICATE OF DEATH

Died at Sharksburg ^{Town} Washington ^{County}

MARYLAND

Date of death	1908	Month	Sub	Day	18	Age	Years	Months	7	Days	17
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Sex	Female	Color or Race	White	Birth-place	Sharpsburg, Md.
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Occupation	Where Residing if not at place of death
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Married, Single or Widowed	Single	Name of Wife or Husband
-------------------------------	--------	----------------------------

Father's Name Augustus A. Hebb

Father's Birthplace *Shawbensen Ind*

Mother's
Maiden Name Nettie Hetzold

Mother's Birthplace *Shorthouse Md*

Name of person giving information *Nettie Heub*

How related to deceased *Mother*

CAUSES OF DEATH

179

Primary	Malnutrition
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How long since birth

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

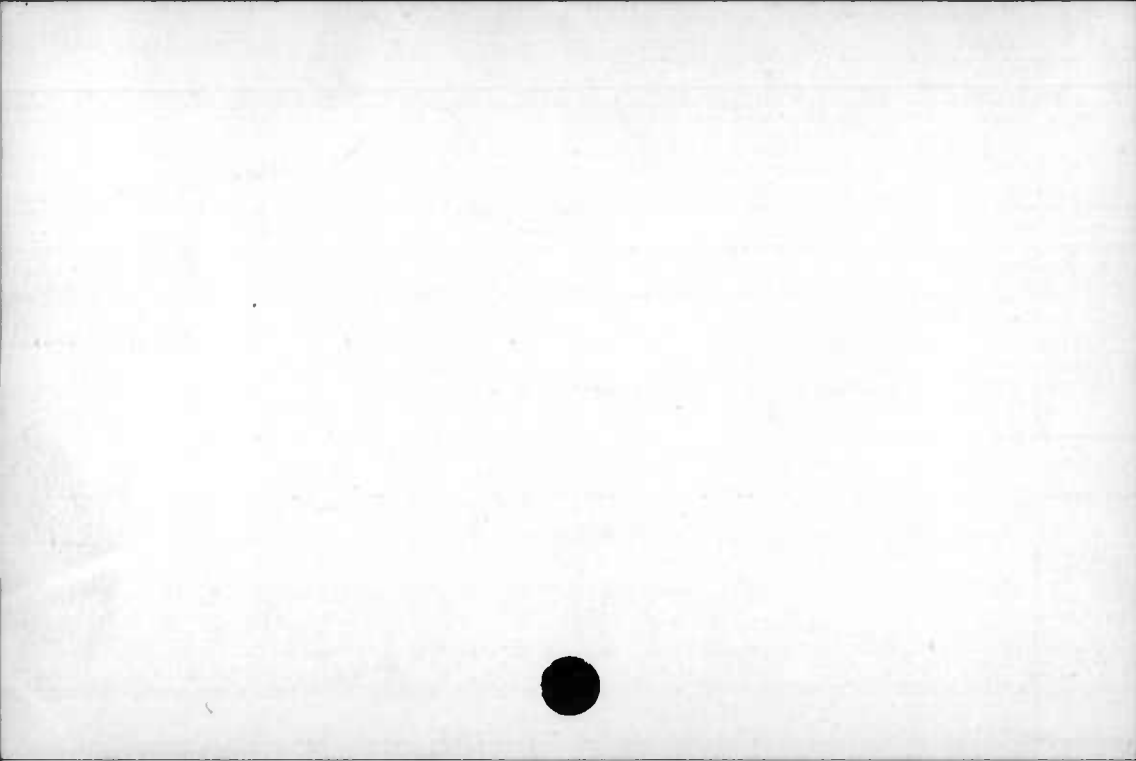
Address

E. M. Gurnett,
Shenandoah, Ind.

Accident or Suicide?

Chas. S. Wadsworth
Undertaker

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days	
	Sex		Color or Race		Birth-place			
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		Father's Birthplace					
	Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased						
<div>CAUSES OF DEATH</div> <div>105</div>								
PHYSICIAN OR CORONER	Primary		Cholera Infantum				How long 24 hours	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
	Accident or Suicide?				Address			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel Hepkins</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		City <i>Hagerstown</i>	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>13</i>	
Age <i>70</i>		Years <i>70</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Va</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Thomas Hepkins</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Margaret Weeks</i>		Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Elmina Hepkins</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>1 year</i>
Immediate <i>Heart failure</i>	How long <i>several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Wilson M.D.</i>
	Address <i>159 N. Main St. Hagerstown Md.</i>
Accident or Suicide? <i>no</i>	

AK 6/10/1911
Bellinew

2791

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

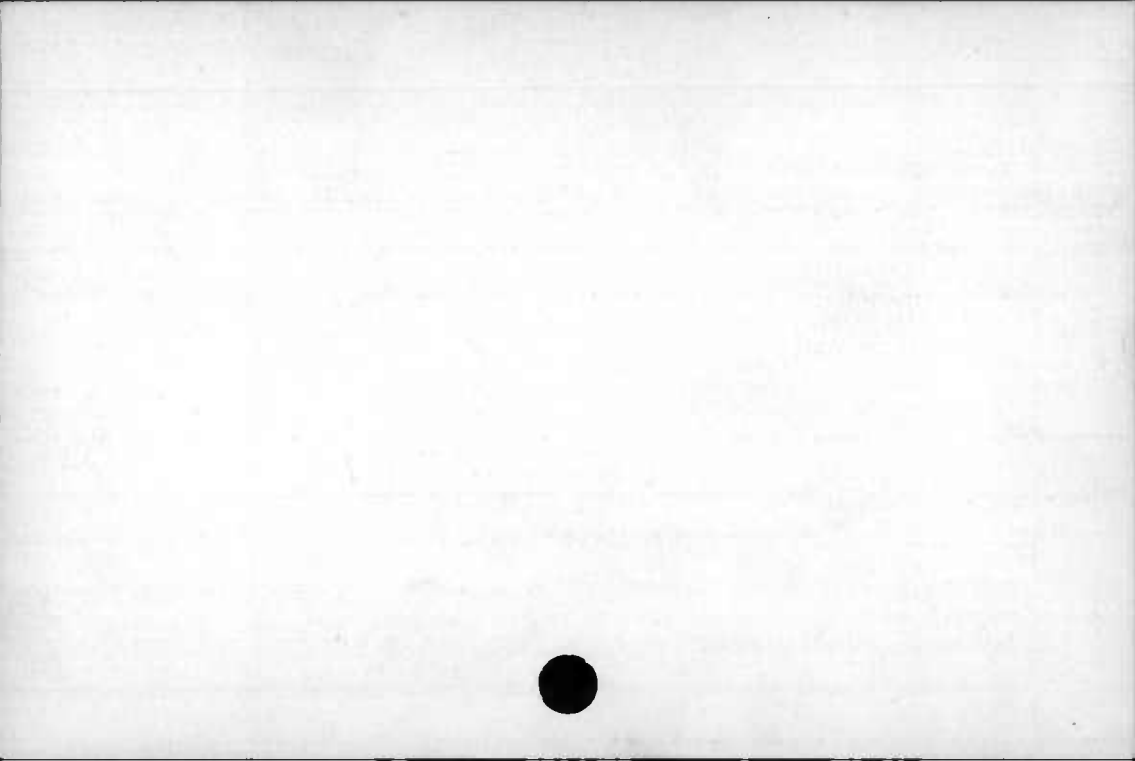
Died at <i>Smithsburg</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1908	Month	7	Day	14
Age	67	Years	9	Months	26
Sex	Female	Color or Race	White	Birth-place	Smithsburg Md
Occupation	House wife	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <i>Sarah Hoover</i>				
Father's Name	<i>Peter Newcomer</i>			Father's Birthplace	<i>Wash Co Md</i>
Mother's Maiden Name	<i>Sarah Newcomer</i>			Mother's Birthplace	<i>Washington Co Md</i>
Name of person giving information	<i>Naomi Hoover</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>4 months</i>
Immediate	<i>Heart trouble</i>	How long	<i>Instant</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr McKeefauver</i>	
<i>yes</i>		Address <i>Smithsburg Md</i>	
Accident or Suicide?		<i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>David L. Hull</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>7</i>		Day <i>2</i>		Years <i>59</i>	
Date of death <i>1908</i>		Age <i>59</i>		Months <i>10</i>		Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Hardy man</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Pryor</i>					
Father's Name <i>Napoleon B. Hull</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Martha Wade</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Mary E. Hull</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

66

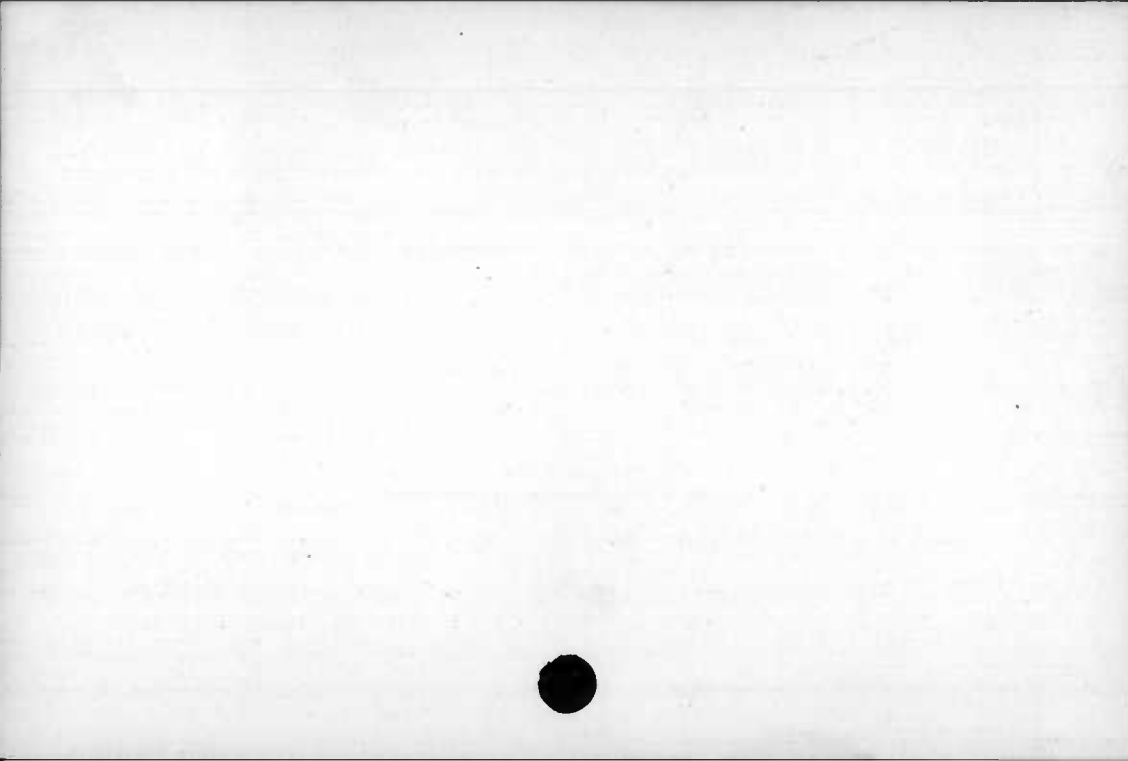
PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>Several years</i>
Immediate	<i>Exhaustion</i>	How long	<i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. D. Dugan</i>	
		Address <i>Hagerstown Md.</i>	
Accident or Suicide? <i>No</i>			

St Pauls

M

Name in Full		Town		County		CERTIFICATE OF DEATH					
Naomi Kerns		Hancock		Washington		MARYLAND					
Died at		Date of death		Age		Years		Months		Days	
1908		July		25				3		2	
Sex		Color or Race		Birth-place							
Female		White		Hancock							
Occupation				Where Residing if not at place of death							
				Died at home.							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name				Father's Birthplace							
James H. Kerns.				Wash Co ind							
Mother's Maiden Name				Mother's Birthplace							
Bertha R Hearley				Verg unie							
Name of person giving information				How related to deceased							
Jas H. Kerns.				Father							
<div>CAUSES OF DEATH</div> <div>104</div>											
Primary		How long									
Acute Indigestion											
Immediate		How long									
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician							
				No Physician.							
				Address							
				Information by Father.							
Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ethel Lucille King</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1908</i>		Age <i>5</i>		Months <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Leroy E. King</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Bessie M. Hase</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Leroy E. King</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>...</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Veta Driller Jr.</i>	
Accident or Suicide? <i>No</i>		Address <i>Hagerstown Md</i>	

M

Name
in
Full

Ester Virginia King

CERTIFICATE OF DEATH

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		<i>Maryland</i> ^{State}	
Date of death <i>1908</i>	<i>7</i> ^{Month}	<i>9</i> ^{Day}	Age <i>—</i> ^{Years}	<i>3</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color - Race <i>Colored</i>		Birth-place <i>Brathwills</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Sharpsburg Md</i>		
Married , Single Married			Name of Wife or Husband <i>—</i>		
Father's Name <i>Don't Know</i>			Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name <i>Mary Virginia King</i>			Mother's Birthplace <i>Sharpsburg</i>		
Name of person giving information <i>Thomas Monroe</i>			How related to deceased <i>None</i>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Transition</i>	How long <i>Since Birth</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. H. Gardner</i>
	Address <i>Sharpsburg Md</i>
Accident or Suicide?	

L E Inman & Son

Name
is
Full

CERTIFICATE OF DEATH

Howard Ray King

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town Washington County
Date of death 1908 Month 7 Day 24 Age 6 Years 6 Months 7 Days
Sex Male Color or Race White Birth-place MD
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Wm. A. King

Father's Birthplace MD

Mother's Maiden Name Etta O. Serb

Mother's Birthplace Pa

Name of person giving information Wm. A. King

How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary _____ How long _____
Immediate Cholera Infusum How long 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. H. Den-
Address Hagerstown
MD

Accident or Suicide?

Shiloh Ind,

Name
in
FullMrs ~~M. S.~~ Levy, Betty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

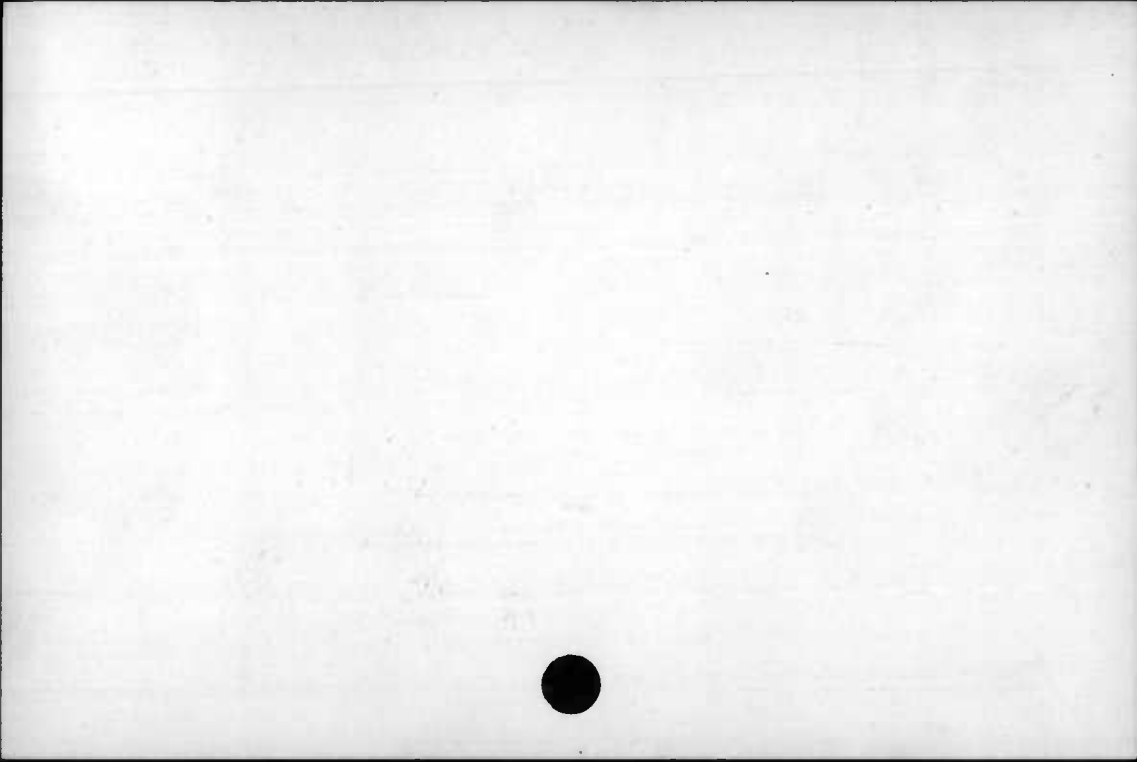
Died at		Blue Mountain		Washington		TOWN		COUNTY		MARYLAND	
Date of death		1908		July		24		Age		71	
Sex		Female		Color or Race		White		Birth-place		England	
Occupation		Housewife		Where Residing if not at place of death		1827		Curtaw Pl.			
Married, Single or Widowed		Married		Name of Wife or Husband		M. S. Levy					
Father's Name				Father's Birthplace							
Mother's Maiden Name		— Jacobs		Mother's Birthplace							
Name of person giving information		Miss Laura Levy		How related to deceased		Daughter					

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary	Cholecystitis	How long	
Immediate	Cardiac failure - Exhaustion	How long	3 days +
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Victor P. Cullen	
Address		Bliss - City Summit Washington Co Maryland.	
Accident or Suicide?			



Name
in
Full

Glen H. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

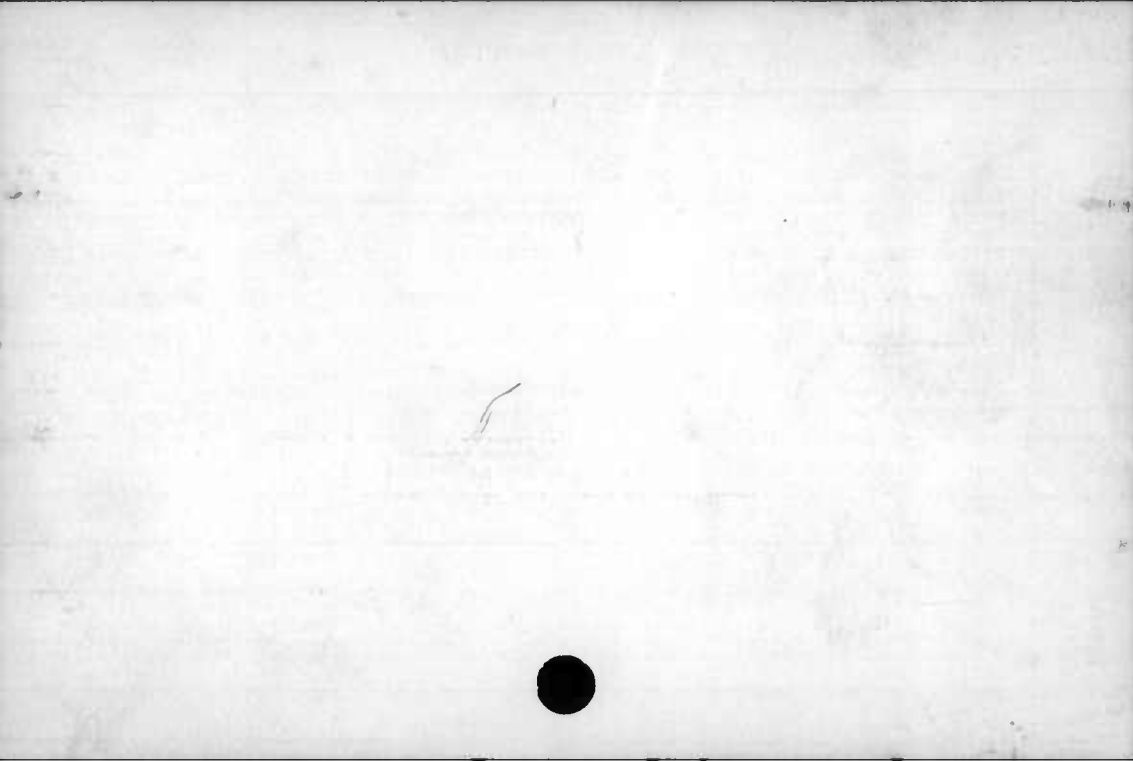
Died at <i>Pleasant Valley</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>9</i>	Age <i>5</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pleasant Valley</i>		
Occupation			Where Residing if not at place of death <i>Pleasant Valley</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wentzen, E. Lewis</i>			Father's Birthplace <i>Foyville</i>		
Mother's Maiden Name <i>Minnie Ridenour</i>			Mother's Birthplace <i>Foyville</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Want of development - weighed 3 pounds</i>	How long <i>5 days</i>
Immediate <i>Heart failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Messie M.D.</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Miss Mand M. Darvell*
 Died at *Hagerstown* ^{Town} *Washington* ^{County}
 Date of death *1.90* ^{Month} *7* ^{Day} *2* ^{Years} *14* ^{Months} *9* ^{Days} *4*
 Sex *Female* Color or Race *White* Birth-place *MD*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed *Single* Name of Wife or Husband _____
 Father's Name *George M. Darvell* Father's Birthplace *MD*
 Mother's Maiden Name *Sadie Spilman* Mother's Birthplace *MD*
 Name of person giving information *George M. Darvell* How related to deceased *Father*

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary *Abortion* How long *2 weeks*
 Immediate *Septicaemia* How long *5 days*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *H. H. Dent, M.D.*
 Address *Hagerstown Md.*
 Accident or Suicide? *—*

W
Boonsbars

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <u>George McKane</u>		Town <u>Hagerstown</u>		County <u>Wash</u>		MARYLAND	
Died at <u>Hagerstown</u>		Month <u>July</u>		Day <u>16</u>		Age <u>70</u>	
Date of death <u>1908</u>		Months		Years		Days	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>md.</u>			
Occupation <u>Shoemaker</u>		Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>		Name of Wife <u>Mary J. McKane</u>					
Father's Name <u>Thomas McKane</u>		Father's Birthplace <u>md</u>					
Mother's Maiden Name <u>Sarah Fox</u>		Mother's Birthplace <u>"</u>					
Name of person giving information <u>Geo McKane Jr</u>		How related to deceased <u>son</u>					

CAUSES OF DEATH

66

Primary	<u>Paralysis</u>	How long	<u>Several hours</u>
Immediate	<u>Geo</u>	How long	<u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J M Keen</u>	
		Address <u>Hagerstown,</u>	
Accident or Suicide?			

S

2795

7/17/08

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Susan Middlekauff

MARYLAND

Died at *Hagerstown* TownCounty *Wash*Date
of death *1908*Month *7*Day *11*

Age

Years *90*Months *6*

Days

Sex *female*Color or
Race *white*Birth-
place *Md.*Occupation *N. W.*Where Residing if not
at place of deathMarried, Single
or Widowed *widow*Name of ~~Wife or~~
Husband *Peter Middlekauff*Father's
Name *Philip Schindel*Father's
Birthplace *Ned.*Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation *D. A. Stickell*How related
to deceased *Son-in-law*

CAUSES OF DEATH

154

Primary *Senility*

How long

Immediate *Exhaustion*How long *one week*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *E. A. M. ...*Address *Hagerstown*

Accident or Suicide?

S- 13-
2787

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Still Born Infant Musser
Died at ^{near} Hancock TownWashington CountyDate of death 1908 July Month

Day

Age

Years

Months

Days

Sex

Girl

Color or Race

White

Birth-place

Wash Co Md

Occupation

Where Residing if not at place of death

Died at home

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Joseph Musser

Father's Birthplace

Adams Co Pa

Mother's Maiden Name

Nellis Smith

Mother's Birthplace

Wash Co Md

Name of person giving information

Joseph Musser

How related to deceased

Father

CAUSES OF DEATH

Primary

Asphyxia Neonatorum

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

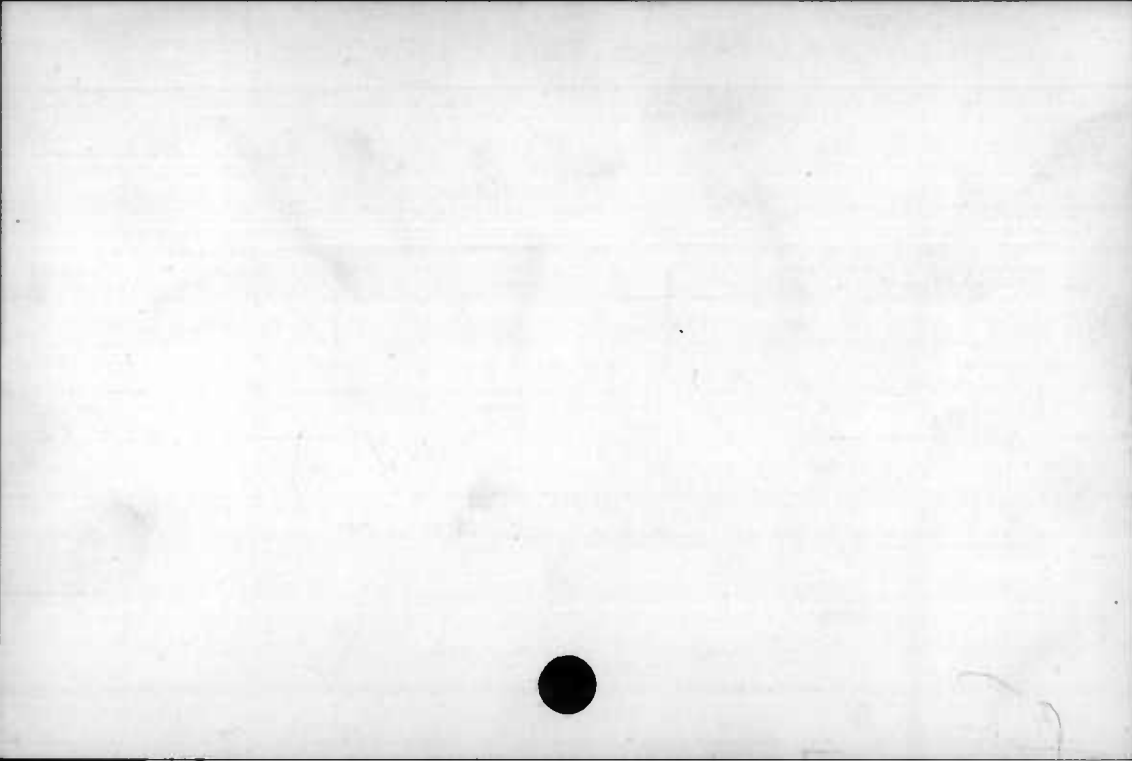
Signature of Physician

Address

J. A. West
Hancock

Accident or Suicide?

No



Name
in
Full

Malinda Freedy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

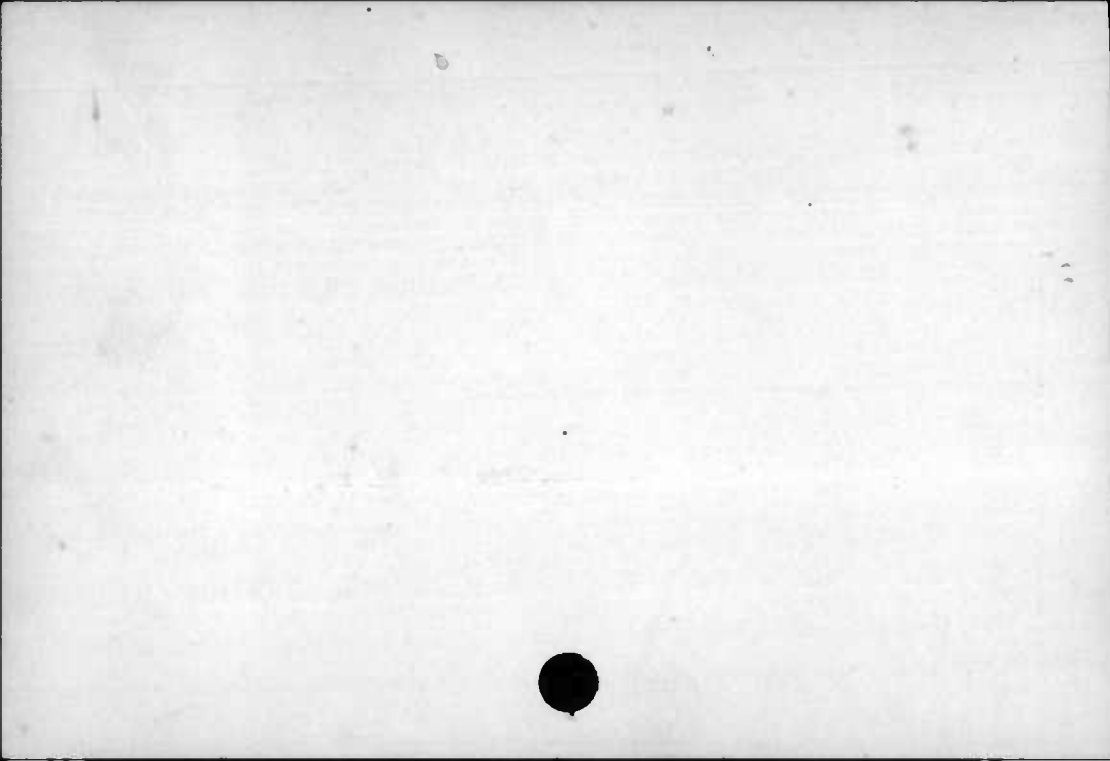
Died at <i>Near Leitersburg</i>		County. <i>Washington</i>		MARYLAND	
Date of death	1907	Month	7	Day	11
Age	80	Years	3	Months	21
Sex	Female	Color or Race	White	Birth-place	Brunswick Va
Occupation	House Wife	Where Residing if not at place of death <i>Near Leitersburg</i>			
Married, Single or Widowed	Widow	Name of Wife or Husband	<i>Philip Freedy</i>		
Father's Name	<i>Eli Gallagher</i>			Father's Birthplace	<i>Don't Know.</i>
Mother's Maiden Name	<i>Catharine Gallagher.</i>			Mother's Birthplace	<i>Don't Know.</i>
Name of person giving information	<i>Philip Freedy</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Heart failure</i>	How long	<i>Six weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. H. Wishard</i>	
		Address	
		<i>Leitersburg Md.</i>	
Accident or Suicide?			



Name
In
Full

Annie Maria Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

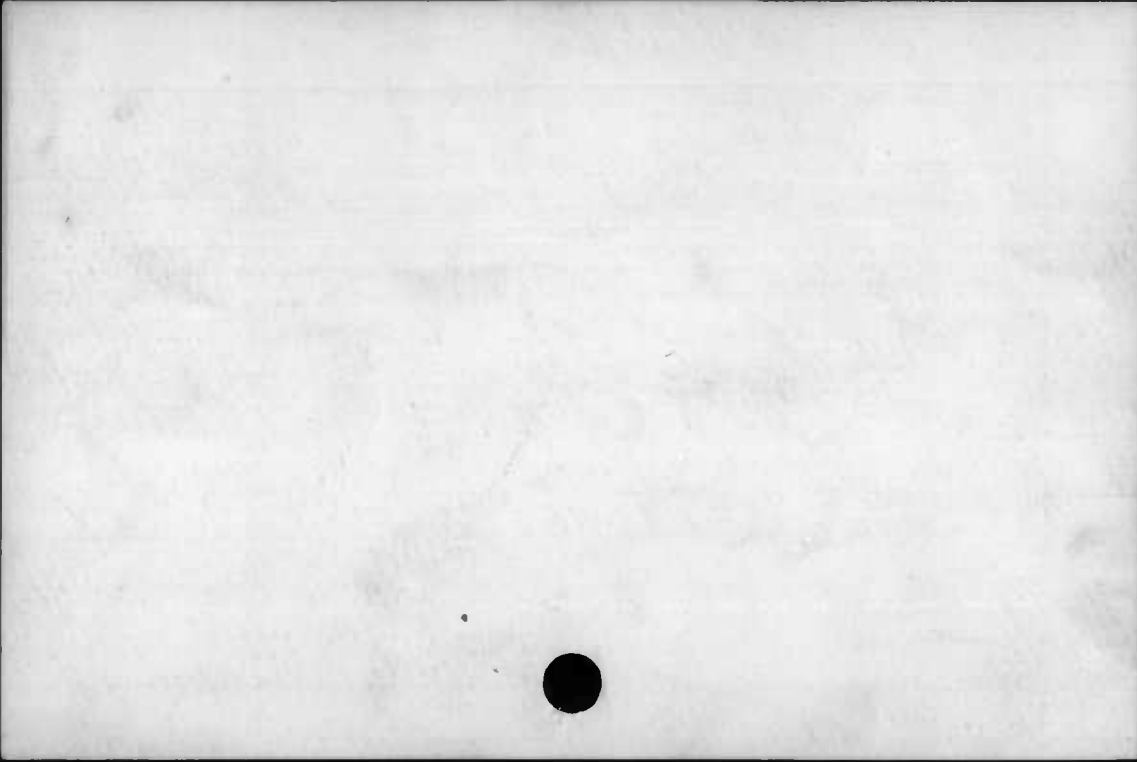
Died at <i>Sandy Hook</i>		Town		County		MACHESWEN		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days		
1908		July	12	0	0	2	22		
Sex		Color or Race		Birth-place					
Female		White		Shepherdstown		-D.C.			
Occupation				Where Residing if not at place of death					
				Sandy Hook Ind.					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Father's Birthplace					
Hann Lu Nelson				Mach. G. Ind.					
Mother's Maiden Name				Mother's Birthplace					
Agnes Sauter				Shepherdstown		-D.C.			
Name of person giving information				How related to deceased					
Olevis Nelson				Uncle					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary		How long	
Dis - colitis		one month	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		F. M. Phillips	
		Address	
		Harper's Ferry	
		M. R. R.	
Accident or Suicide?			



Name
in
Full

Elvey

Obits

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tammy Row</i>		Town <i>Washington</i>		County <i>T.</i>		MARYLAND	
Date of death <i>1908 July</i>		Month <i>1</i>		Day <i>1</i>		Age <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>in the deck</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Geo. S. Obits</i>		Father's Birthplace <i>Williamport</i>					
Mother's Maiden Name <i>Catharine Young</i>		Mother's Birthplace <i>in the deck</i>					
Name of person giving information <i>Geo S Obits</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Incurable disease of lung</i>	Since birth <i></i>
Immediate <i>Prostration</i>	How long <i>Few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. S. Richardson</i>
	Address <i>Williamport</i>
Accident or Suicide? <i>no.</i>	

J. F. Krebs.

Williamsport

Ind

Name in Full		CERTIFICATE OF DEATH			
Infant Ridenour		Town Smithsburg		County Washington	
Died at		MARYLAND			
Date of death	1908	Month	July	Day	4
Age	still born	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Smithsburg
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Char. V. Ridenour			Father's Birthplace	Smithsburg, Md.
Mother's Maiden Name	Margaret C. Harshman			Mother's Birthplace	Myersville, Md.
Name of person giving information	Char. V. Ridenour			How related to deceased	Father
CAUSES OF DEATH					
Primary	Still born			How long	(S)
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			J. H. Wishard	
	Address			Leitersburg Md.	
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Alice Pridemore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bellview</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>7</i>	Day <i>19</i>	Age <i>62</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Daniel Pridemore</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary A Harsh</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mrs Emma Sickles</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>Few years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. M. Wutz</i>
	Address <i>Hogers Lane</i>
Accident or Suicide? <i>—</i>	

W

St Pauls,

7/20/08

Name
in
Full

Charles Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND	
Date of death	1908	Month	7	Day	8
Age		Years	70	Months	3
Sex	Male	Color or Race	Colored	Birth-place	W Va
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		
Father's Name		Arystead Robinson		Father's Birthplace	
Mother's Maiden Name		Lucinda Hull		Mother's Birthplace	
Name of person giving information		Sallie Robinson		How related to deceased	
				Wife	

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long	1 Year
Immediate	General Debility	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. B. Wilson, M.D.	
Address		159 1/2 N. Jonathan St.	
Accident or Suicide?		no	
		Hagerstown Ind.	

Name in Full Isaiah Barne		CERTIFICATE OF DEATH			
Died at Hagerstown		Town Washington		County MARYLAND	
Date of death 1908		Month 7		Day 27	
Age 71		Years 4		Months 4	
Sex Male		Color or Race White		Birth-place unknown	
Occupation Gardener		Where Residing if not at place of death 			
Married, Single or Widowed Married		Name of Wife or Husband Mary E. Miles			
Father's Name Frederick Pearce		Father's Birthplace MD			
Mother's Maiden Name Sallena Barne		Mother's Birthplace unknown			
Name of person giving information Mary Pearce		How related to deceased Wife			
CAUSES OF DEATH					
Primary Carcinoma Luf. Maxillary Bone		How long 1 yr			
Immediate Exhaustion		How long 2 months			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Victor Smith Jr.			
		Address Hagerstown, Md			
Accident or Suicide? no					

W
2810 - 7 - 28

Beaver Creek,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Minummed Child Rowland</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>9</i>		Day <i>12</i>		Age <i>6</i>	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>	
Occupation _____		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>George Rowland</i>		Father's Birthplace <i>Dont know</i>					
Mother's Maiden Name <i>Catharine Taylor</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Mary E Taylor</i>		How related to deceased <i>Grand mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spasm</i>	<i>71</i>	How long <i>24 hrs</i>
Immediate <i>_____</i>		How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Pitman</i>	Address <i>Health Officer Hagerstown Md</i>
Accident or Suicide?		

Copper

Halfway

2.794

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ray Edward Sagle</i>		Town <i>Hancock</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hancock</i>		Month <i>4</i>		Day <i>14</i>		Years <i>19</i>	
Date of death <i>1908</i>		Month <i>4</i>		Day <i>14</i>		Age <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hancock</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Asen Thomas Sagle</i>		Father's Birthplace <i>Hancock</i>					
Mother's Maiden Name <i>Pleasant Johnson Myers</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Asen Thomas Sagle</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral disease of heart</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. West</i>
Address <i>Hancock Md</i>	
Accident or Suicide? <i>No</i>	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full <i>Stillborn child of J. J. Schlatterbeck</i>		County <i>Wash</i>		CERTIFICATE OF DEATH	
Died at <i>Hagerstown</i>				MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1908</i>	<i>7</i>	<i>6</i>			
Sex <i>male</i>	Color or Race <i>white</i>	Birthplace <i>Md.</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>J. J. Schlatterbeck Jr.</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Daisy Young</i>		Mother's Birthplace <i>Va.</i>			
Name of person giving information <i>J. J. Schlatterbeck</i>		How related to deceased <i>father</i>			
CAUSES OF DEATH					
Primary <i>Still Born</i>		How long			
Immediate <i>" "</i>		How long			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. H. H. Derr</i>			
		Address <i>Hagerstown Md.</i>			
Accident or Suicide? <i>no</i>					

(S)



Name
In
Full

CERTIFICATE OF DEATH

Edward Sellman

Town

County

MARYLAND

Died at

Hagerstown

Wash.

Date

Month

Day

Years

Months

Days

of death 1908

7

12

Age

28

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Machinist

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife
Husband

Father's
Name

Chas. W. Sellman

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary K. Hood

Mother's
Birthplace

Md.

Name of person giving
Information

C. W. Sellman

How related
to deceased

father

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

several months

Immediate

Exhaustion

How long

several months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

O. H. Rague
Hagerstown Md.

Accident or Suicide?

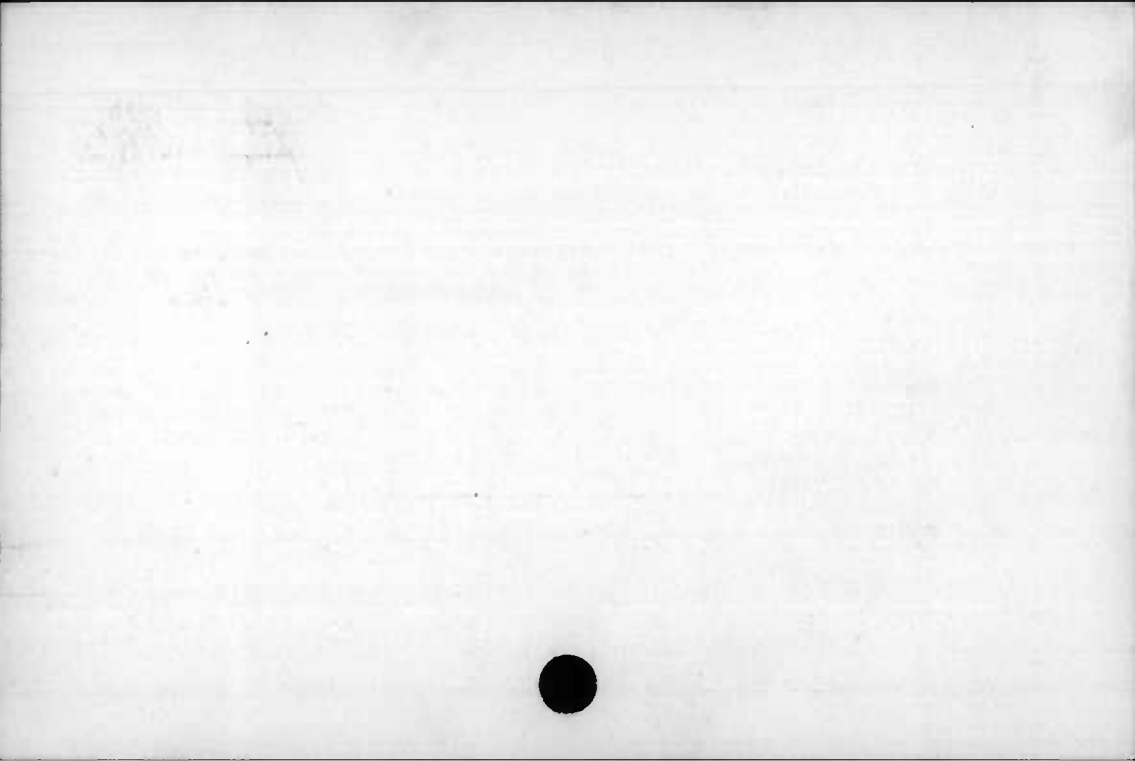
no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

S 13
2788

Name in Full		Rebecca J. Shank				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Clear Spring Dist	Washington County		MARYLAND		
	Date of death	1908	July	18	Age	3-4	5 Months 28 Days	
	Sex	Female		Color or Race	White		Birth-place	Pa
	Occupation	Housewife		Where Residing if not at place of death				
	Married, Single or Widowed	Name of Wife or Husband						John B. Shank
	Father's Name	David Myers				Father's Birthplace	Pa.	
	Mother's Maiden Name	Eva Shewes				Mother's Birthplace	Ind	
Name of person giving information		John B. Shank				How related to deceased	Husband	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Cerebral hemorrhage				How long	Two years.	
	Immediate	Convulsions + heart failure				How long	48 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
					Washington Co.			



Name
in
Full

Leona Shaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

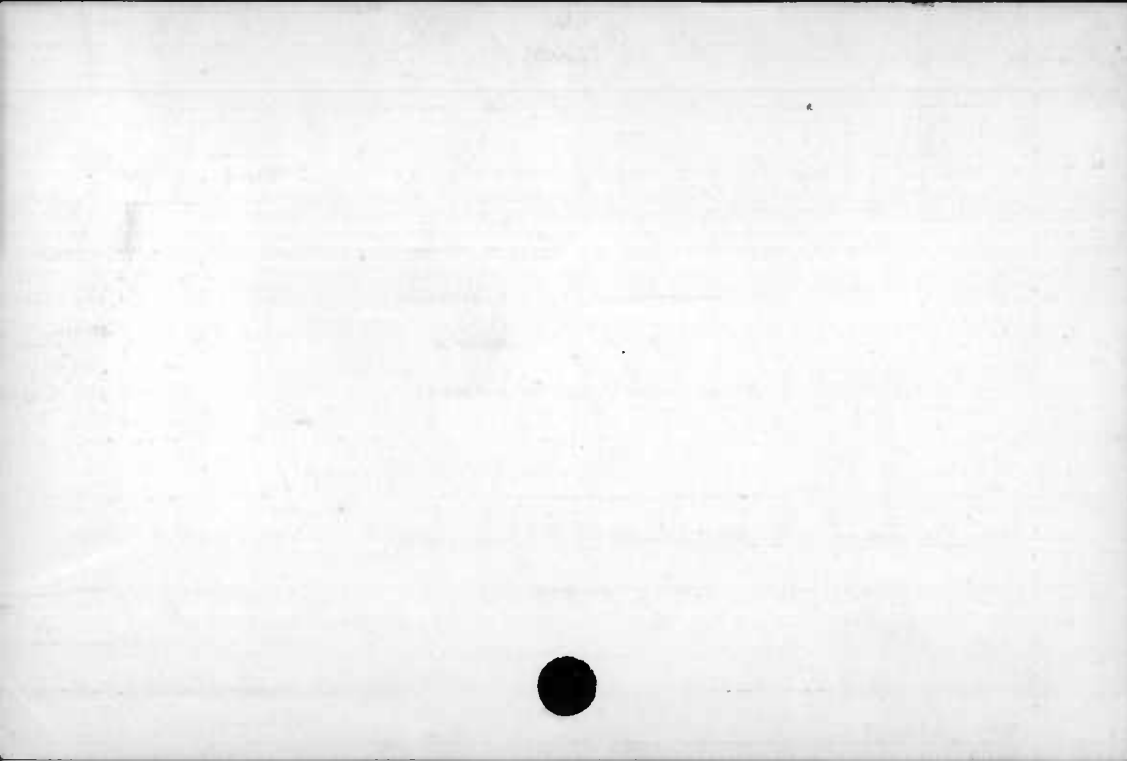
Died at		Boonshana		Wash		County		MARYLAND	
Date of death		1908	Month	July	Day	24	Age	13	Years
								7	Months
								11	Days
Sex		Female		Color or Race		White		Birth-place	
								Wash. Co. Md	
Occupation		School-girl		Where Residing if not at place of death		at home			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Chas. R. Shaw		Father's Birthplace		Md			
Mother's Maiden Name		Mary Turner		Mother's Birthplace		Va			
Name of person giving information		Jas. H. Turner		How related to deceased		Grandfather			

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Acute Rheumatic Fever	How long	6 days
Immediate	Acute Nephritis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		V. M. Reichard	
Address		Fairplay.	
Accidental or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Mary Grace Rice Shaw
Town County

MARYLAND

Died at near Hagerstown Washington
Date of death 1908 7 22 Age 31 Months 3 Days 40

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Jacob H. Shaw

Father's Name Wilford Rice Father's Birthplace Md

Mother's Maiden Name Elizabeth Jones Mother's Birthplace Md

Name of person giving information Jacob Shaw How related to deceased Husband

CAUSES OF DEATH

108

Primary Intox. Obstructed Abor How long 3 days

Immediate " " " "

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. P. Miller

Address 1403 Chestnut

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W
Long Meadows

Name
in
Full

Ralph alberts Show

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

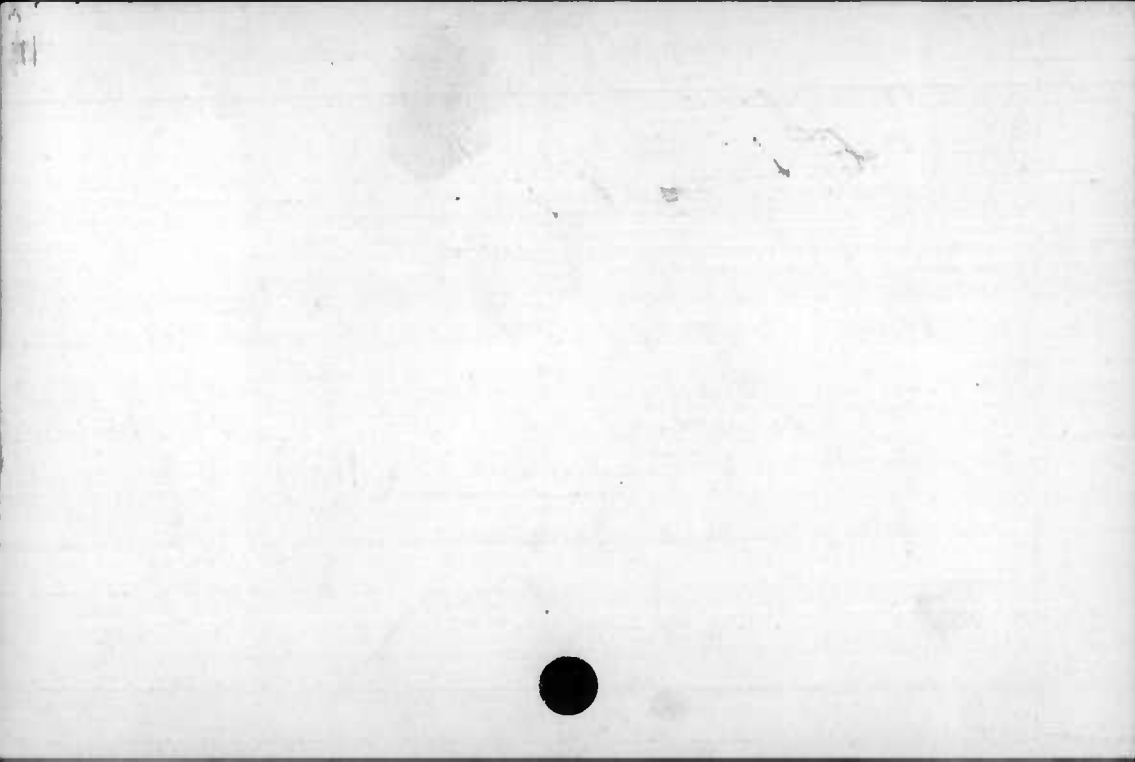
Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		7	10	7		11	
Sex		Color or Race		Birth-place			
Male		White		Fair Play			
Occupation				Where Residing if not at place of death			
No				Hagerstown			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Charles. L. Show				Virginia			
Mother's Maiden Name				Mother's Birthplace			
Laura Church				Baltimore			
Name of person giving information				How related to deceased			
Charles Show				Father			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Accidental Injury (Shown from horse)	How long	2 days
Immediate	Thrombosis at Base of Brain	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. A. Gaman	
		Address	
		Hagerstown, Md.	
Accident or Suicide?			
Yes			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Sheehan

Died at ^{Town} Hagerstown^{County} Washington

MARYLAND

Date
of death 1908

Month 7

Day 28

Age 77

Months 11

Days

Sex

Female

Color or
Race

white

Birth-
place

Germany

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Martin Sheehan

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

"

"

Mother's
Birthplace

"

"

Name of person giving
information

Jennie Hase

How related
to deceased

Daughter

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Gen't debility induced by age & acute hemorrhoids

How long

Few days

Immediate

Debility -

How long

Few days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Chas. B. Doyle M.D.
Hagerstown Md.

Accident or Suicide?

W

2812 7/29

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

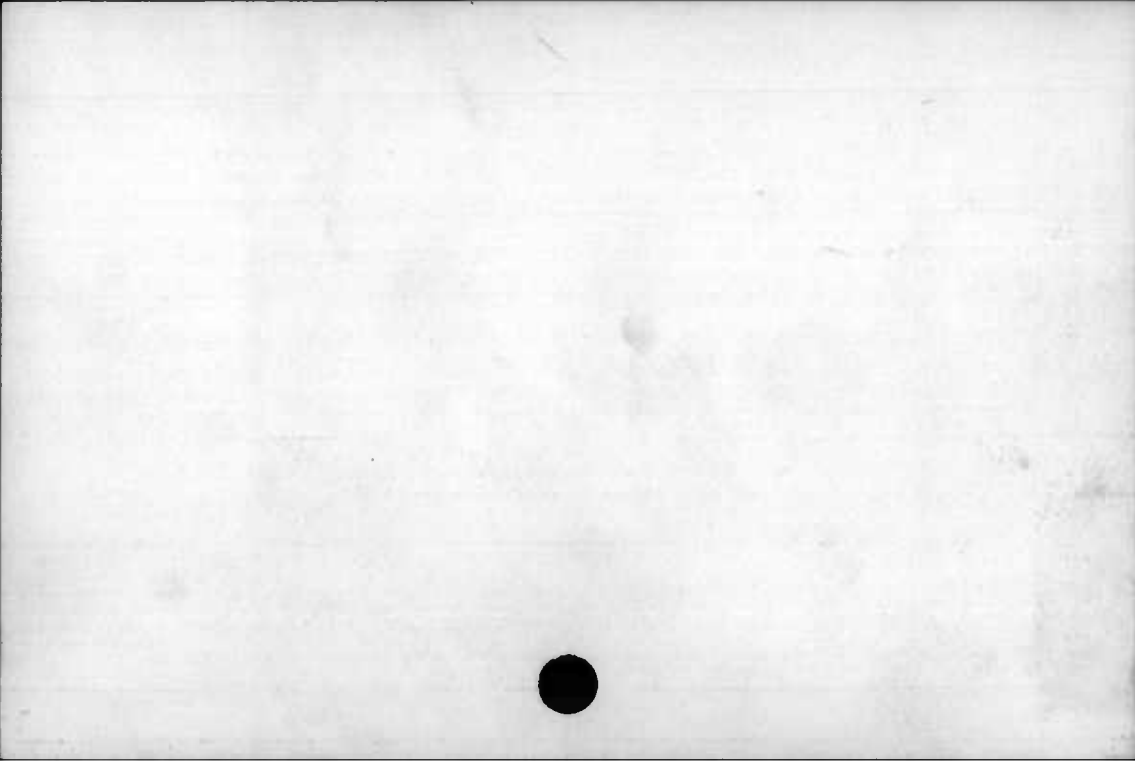
Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>7</u> ^{Day} <u>4</u>		Age <u>—</u> ^{Years}		Months <u>9</u> Days <u>1</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>md</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Raleigh Shupp</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Daisy Stouffer</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>Raleigh Shupp</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <u>Septicemia</u>	How long <u>—</u>
Immediate <u>Convulsions</u>	How long <u>Several Hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>O. E. Wagner</u>
<u>No</u>	Address <u>Hagerstown Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Harrison B Smith</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>7</i>		Day <i>25</i>	
Age <i>87</i>		Years <i>87</i>		Months <i>—</i>		Days <i>15</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Wagoner</i>					
Father's Name <i>Joseph Smith</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mary C Bovy</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pitsenogle H.O.</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>0</i>	<i>Ind</i>

W-

Name
in
Full

Sarah R. P. B. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Sharpstown		Washington		MARYLAND	
Date	1908	Month	July	Day	19	Age	64
of death	1908	Month	July	Day	19	Years	64
Sex	Female		Color or Race	White		Birth-place	Mercersburg, Pa
Occupation	Housewife				Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband	Goaston H. Smith			
Father's Name	James Patterson				Father's Birthplace	Lancaster, Pa	
Mother's Maiden Name	Sarah Agnew				Mother's Birthplace	McConnellsburg, Pa	
Name of person giving information	Mrs. B. G. Rolette				How related to deceased	Niece	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	Chronic Rheumatism & General Debility	How long	For several years
Immediate	Dysentery	How long	about 10 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Howell Gardner	
Address		Sharpstown Md	
Accident or Suicide?			

Chas. S. Wade
Undertaker

Name In Full

Certificate of Death

Un Named Child of, Frank M. Stite

Town

County

Died at Mangansville

wash

MARYLAND

Date 1908 July 24

Month Day

Age - - 1

Y. M. D.

Native of ms

Occupation

Male White Married Widower Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cerebral Hemorrhage 2 hours

How long sick

Death

Immediate

(64)

Accident, Suicide, Homicide

Reported by

D. C. R. Miller

Address

Mason-Dixon Rd. W. P. Miller

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birthplace - Penna.
Mother's birthplace - Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Clear Spring Dist - Wash* ^{Town} ^{County}Date of death *1908 July 4* ^{Month} ^{Day} Age *2* ^{Years} ^{Months} ^{Days} *21*Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single*

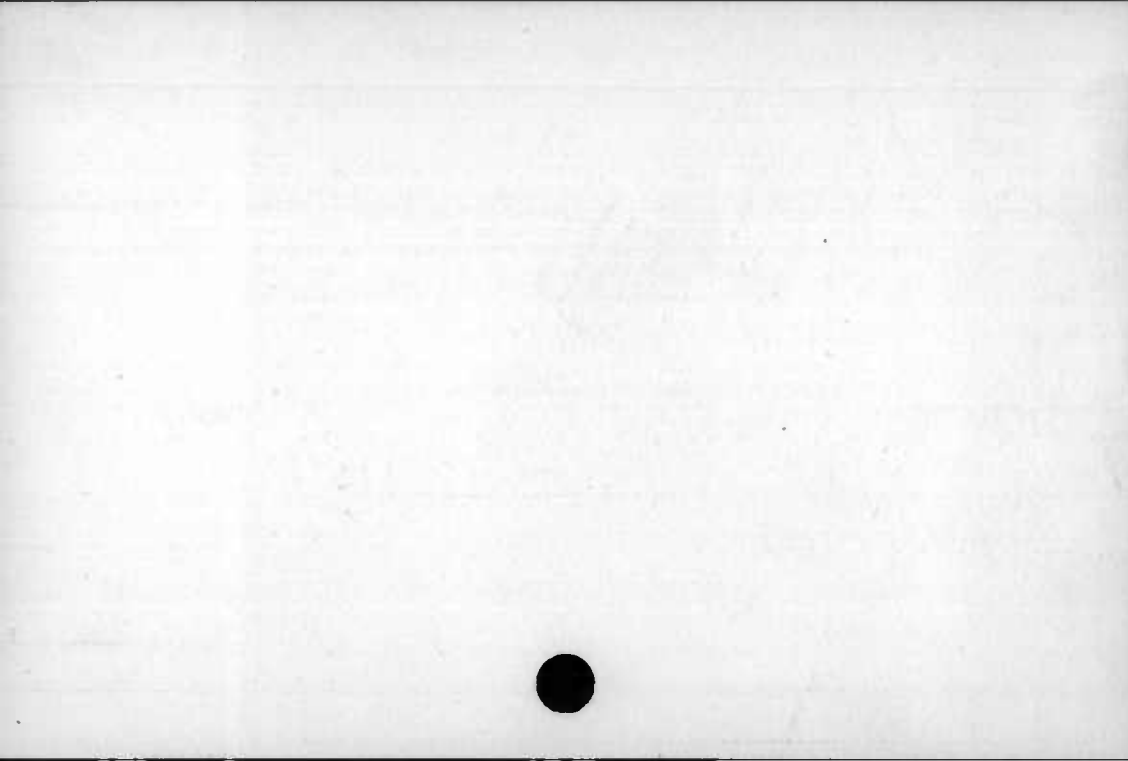
Name of Wife or Husband _____

Father's Name *Fredrick D. Sword* Father's Birthplace *Ind*Mother's Maiden Name *Cora Trumppower* Mother's Birthplace *"*Name of person giving information *Nelson Trumppower* How related to deceased *Grandfather*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONERPrimary *Marasmus* How long *2 mo's - 21 days*Immediate *Emaciation Exhaustion* How long _____Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Charles J. Mason*Address *Clear Spring, Md*Accident or Suicide? *2*



Name in Full <i>Helen Katharine Meller</i>		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Benevola</i>	Town <i>Washington</i>	County <i>MARYLAND</i>	
	Date of death <i>1908</i>	Month <i>7</i>	Day <i>22</i>	
	Age <i>9</i>	Years <i>9</i>	Months <i>1</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hagerstown</i>	
	Occupation <i>none</i>	Where Residing if not at place of death <i>Benevola</i>		
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband		
	Father's Name <i>G. Edward Meller</i>	Father's Birthplace <i>Clearspring</i>		
Mother's Maiden Name <i>Bessie V. Ritter</i>	Mother's Birthplace <i>Bructon</i>			
Name of person giving information <i>Bessie V. Ritter</i>	How related to deceased <i>Mother in</i>			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <i>Indigestion</i>	How long <i>weeks</i>	105-	
	Immediate <i>Cholera Infantum</i>	How long <i>2 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Lewis L. Lamb</i>	
			Address <i>Booneford Md</i>	
	Accident or Suicide? <i>0</i>			



Name
in
Full

Charles G. Wilson Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Wagonslow*

Town

Wash.

County

Date

of death 1908

Month

7

Day

12

Age

Years

1

Months

2

Days

Sex

*male*Color or
Race*white*Birth-
place*Ind.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Chas G. Wilson*Father's
Birthplace*Ind.*Mother's
Maiden Name*Vernie White*Mother's
Birthplace*"*Name of person giving
Information*Chas G Wilson*How related
to deceased*father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

12 hrs

Immediate

Cardiac Failure

How long

*few hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Ad Stuffer*

Address

17 Wagonstown

Accident or Suicide?

S- 13
2789

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>July</i>	Day <i>14</i>	Age <i>70</i>	Months <i>7</i> Days <i>10</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>Retired Druggist</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Christian Winter</i>	Father's Birthplace <i>md.</i>				
Mother's Maiden Name <i>Catherine E. Cramer</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs W. J. H. Barr</i>	How related to deceased <i>niece.</i>				

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary <i>Angina Pectoris</i>	How long <i>2 months</i>
Immediate <i>Apoplexy</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. H. Hester</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>No</i>	

Suter

2794

7/16/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamport</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	190 <i>July</i> ^{Month}	<i>5</i> ^{Day}	Age <i>8</i> ^{Years}	<i>2</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Williamport</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>David W. Young</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Annie M. Little</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information _____			How related to deceased _____		

CAUSES OF DEATH

1035

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>one week</i>
Immediate <i>Prostration</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. S. Richardson</i>
	Address <i>Williamport</i>
Accident or Suicide? <i>No</i>	

J. F. Krepas.
Undertaker.